PTO/SB/22 (01-08)
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		Act of 1995, no persons are required		Docket Number	(Ontional)	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008				55600-8014.US01		
(Fee	s pursuant to the Cons	olidated Appropriations Act,	2005 (H. R. 4818).)			
Application Number 10/825,382				Filed	April 14, 2004	
For		TMENT USING INTERFE	ERON-TAU			
Art Ur	nit 1646			Examiner	HISSONG, Bruce D.	
applic	ation.	rovisions of 37 CFR 1.136				
The re	equested extension an	u lee are as lollows (check	Fee	Small Entity		
	One month (3	7 CFR 1.17(a)(1))	\$120	\$60	\$	
		37 CFR 1.17(a)(2))	\$460	\$230	\$ 230	
	Three months	(37 CFR 1.17(a)(3))	\$1050	\$525	\$	
	Four months	37 CFR 1.17(a)(4))	\$1640	\$820	\$	
	Five months (	37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
	Applicant claims small entity status. See 37 CFR 1.27.					
-	A check in the amo	the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.					
Ē	The Director has already been authorized to charge fees in this application to a Deposit Account.					
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment. Deposit Account Number 50-2207 . I have enclosed a duplicate copy of this sheet. WARNING, information on this form may become public. Credit card information should not be included on this form					
Provide credit card information and authorization on PTO-2038.						
L	am the appli	cant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	X attor	ney or agent of record. Re	egistration Number	47.13	9	
		ney or agent under 37 CF				
	Registration number if acting under 37 CFR 1.34					
/Stephen Todd/			May 12, 2008			
Signature Stephen Todd				Date		
				650-838-4328		
	Typed or printed name				Telephone Number	
th	an one signature is required.	ventors or assignees of record of th see below.	e entre interest or liver rep	oresontative(s) are requ	red. Submit multiple forms if mo	
X	Total of	one forms are sub	mitted.			